



New Jersey Office of Attorney General

*Division of Consumer Affairs
State Real Estate Appraisers Board
124 Halsey Street,
P.O. Box 45032, Newark, NJ 07101*



UNIFORM REQUEST FOR CONTINUING EDUCATION CREDIT

Name of
Licensee: _____

License/Certification Number: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

COURSE/SEMINAR INFORMATION

Title: _____ No. of Hours _____

Sponsor: _____

Date: _____ Location: _____

Description of Course/Seminar: _____

(You may attach an outline and information about the course/seminar that may help in description)

EVIDENCE OF COMPLETION: _____
(Signature of instructor/sponsor representative)

I certify that I have completed the above course/seminar and request continuing education credit.
I am aware that any misrepresentation by me may result in disciplinary action by the State Board.

SIGNATURE OF LICENSEE: _____ DATE: _____

Submit to: State Of New Jersey
Division Of Consumer Affairs
State Board Of Real Estate Appraisers
P.O. Box 45032, Newark NJ 07101